

* Address time changes in speech and related services here.

Scanned Jun 18, 2013

Student

John Ramirez

ID #

454-71-3620

The ARD committee has determined that the student's placement will be:

School

Moody H.S.

Instructional Arrangement

03-Resource Room

- ☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.
- ☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBS

- ☒ Mathematics
☒ Writing
☒ Reading

Take

Exempt

Modifications

☐☐☐☐☐☐☐☐☐☐ Use an interpreter☐ Allow oral responses☐ Administer individually

UPDATED TIME	POSITION	SPECIAL EDUCATION	SIGNATURE	AGREE	DISAGREE
Regular Education	Parent/Guardian/Surrogate				
Special Education	Parent/Adult Student				
	Administration		<u>John Medina</u>	<input checked="" type="checkbox"/>	
Related/Other Services:	Instruction		<u>C. Lemcke</u>	<input checked="" type="checkbox"/>	
Speech	Instruction (SPEECH)				
OT	Consultant (Chairperson)	<input checked="" type="checkbox"/>	<u>Helen Boyd</u>	<input checked="" type="checkbox"/>	
PT	Assessment	<input checked="" type="checkbox"/>	<u>P. Workley</u>	<input checked="" type="checkbox"/>	
Counselor	Counselor				
Health	Related Services Rep.				
Auditory	Vocational Teacher ♦ <u>VAC</u>	<input checked="" type="checkbox"/>	<u>C. Villanueva</u>	<input checked="" type="checkbox"/>	
Vision	Certified VH/AH Specialist †				
Music Th.	LPAC ★				
O&M	<u>Student</u>		<u>John Ramirez</u>	<input checked="" type="checkbox"/>	
Special Education Transportation: (✓)	<input checked="" type="checkbox"/> Total time for speech and all related services <input type="checkbox"/> When student is identified as VH/AH	<input checked="" type="checkbox"/> When assessment data are considered <input type="checkbox"/> For limited English proficient students	<input checked="" type="checkbox"/> When vocational programs are considered		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

- ☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:
- ☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed a punishable offense. The committee shall:

Date

Place and Time

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and certain students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to Parent by Pat Workley on 11/3/00. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY

P. Boyd

UPDATED DATA

New School Placement	Previous IA Code <u>03</u>	New IA Code <u>03</u>	New Program Type
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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

DATE OF MEETING: 11-28-09

Counselor
Copy

FUNCTIONAL BEHAVIORAL ASSESSMENT/
BRIEF AND FORM: BEHAVIOR INTERVENTION PLAN

PLEASE PRINT

<u>Ramirez</u>	<u>John H</u>	<u>MI</u>	<u>454713620</u>	<u>6-29-84</u>
STUDENT LAST NAME	FIRST	MI	SS NUMBER	DOB

The behavior intervention plan is designed to help understand a student's behavior and to provide options in interventions when (1) the student is incapable of understanding or following the school rules, (2) behavior problems interfere with the student's ability to learn, (3) behavior problems interfere with the learning of others, or (4) the student's misconduct results in repeated removals from the class.

REVIEW OF EXISTING EVALUATION DATA:

- ☒ Information provided by the parents.
- ☒ Evaluations(s) performed by the District 3-year Re-evaluation Assessment Report
- ☐ Evaluations(s) provided by outside agencies
- ☒ Current classroom based assessments and observations
- ☒ Teacher and/or related service providers observations.
- ☒ Discipline records
- ☒ Behavior Intervention Plan developed on 11-28-09
- ☒ Other. Specify: grades, attendance reports

FUNCTIONAL BEHAVIORAL ASSESSMENT:

☒ Teacher Information

☐ Parent Information

☒ Other Professional

The functional behavioral assessment addresses the relationship between a behavior and the relevant factors that may affect a student's performance.

Behaviors Reported by School Staff that Interfere with Learning (including estimated frequency): persistent misbehavior, rude, disrespectful, insubordination, failing to complete work, harassing another student, disruptions in classroom, fighting in hallway, leaving class w/o permission several times, taking both lunch shifts.

Behaviors Reported by Parents (including estimated frequency): (parent did not attend)

John has maintained successful employment for past 2 months. Has obtained satisfactory job evaluation. Has excessive absences up to 31 days per year. 22 absences, 4th grade 1st quarter - 10 points. Carl passed Eng 2 (70), read (58) - failed those tests + (1) 2 (4) - Has earned 9 credits total for graduation.

Original: Special Education

Copy: Counselor

Copy: Teacher

Copy: Parent

Page ____ of ____

Describe the events that typically precede problem behaviors in the school setting.

- ☒ Request/directive from teachers/staff. *(see attached for specific referrals)*
- ☒ Redirected from inappropriate activity. *(referrals)*
- ☒ Non-compliance.
- ☐ Provocation by peers
- ☐ Engaged in academic activity.
- ☒ Off task.
- ☒ Student is in an unstructured setting (e.g. hallways, cafeteria). *fighting*
- ☐ No observed precipitating events.
- ☐ Other: _____
- ☐ Other: _____

Describe the events that typically follow the problem behaviors in the school setting.

- ☐ Positive social reinforcement from others.
- ☒ Discontinuing or removing something undesired by student (e.g. teacher directs student to complete a task and the student then begins to protest and the teacher stops trying to require the student to complete the task).
- ☒ Corrective feedback. *late to class - sent to office & conference w/ student*
- ☒ Removal from the classroom.
- ☒ Sent to the principal's office.
- ☒ After school detention or lunch detention. *less code violation - in subordinate*
- ☒ ISS *skipping class - taking both lunch shifts*
- ☒ Suspension *taunting/harassing another student, fighting*
- ☐ Other: _____

Describe reinforcers (activities, people, tangible items, privileges, token economics, etc.) that have been attempted during the past year, and their effectiveness:

verbal reminders, doing activities, he likes + is interested in.

Describe consequences that have been attempted during the past year and their effectiveness:

ISS, suspensions, detentions.

Page ____ of ____

RESULTS AND INTERPRETATIONS OF EXISTING DATA AND FUNCTIONAL ASSESSMENT:

☒ Yes ☐ No The student is capable of understanding the school rules as outlined in the district's code of conduct. If no, the ARD committee should develop/review/modify an individualized Behavior Intervention Plan.

☒ Yes ☐ No The student is capable of following the student code of conduct. If no, the ARD committee should develop/review/modify an individualized Behavior Intervention Plan.

☒ Yes ☐ No The student's behavior interferes with learning. If yes, the ARD committee should develop/review/modify an individualized Behavior Intervention Plan.

List behaviors to be targeted for improvement so as to enable the student to make educational progress: _____

1. improve school attendance
2. re-train from verbal + physical aggression (fighting)
3. comply w/ directives from authority figures

ARD DETERMINATION OF APPROPRIATENESS OF REGULAR DISCIPLINE:

In addition to the intervention strategies listed below for the targeted behaviors, the Regular Discipline Plan may be used SUBJECT TO THE FOLLOWING LIMITATIONS: _____

(see BIP)

ADDITIONAL DATA DETERMINATIONS:

☐ Yes ☒ No Based on consideration of existing data the ARD committee determines that additional emotional/behavioral data are needed.

If yes, the following type of additional data are requested: _____

The District must seek parental consent for any reevaluation. An ARD meeting will be held upon completion of the assessment report, including additional data.

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Page ____ of ____

Positive Behavior Strategies for Increasing Prosocial Behaviors	Consequences Reasonably Calculated to Improve Behavior and Enable Student to Receive Instruction
<p>A. Remove distractors</p> <p>B. Provide a structured environment</p> <p>C. Set well-defined limits, rules, and task expectations</p> <p>D. Establish consistent routine</p> <p>E. Simplify activities</p> <p>F. Allow enough time to process information</p> <p>G. Use visual cues and supports</p> <p>H. Offer choices</p> <p>I. Set easily attainable daily goals</p> <p>J. Premack principal (if you do your <u>work task</u>, you may have <u>computer time</u>)</p> <p>K. Earn activities/ privileges</p> <p>L. Planned ignoring of minor inappropriate behavior</p> <p>M. Provide frequent feedback concerning appropriateness of behavior</p> <p>N. Verbal reminder</p> <p>O. Stand near the student</p> <p>P. Provide nonverbal signal for appropriate behavior</p> <p>Q. Positive Reinforcers (List: _____)</p> <p>R. Point system</p> <p>S. Use home-school reward system</p> <p>T. Use behavior graphs</p> <p>U. Coach in problem-solving situations</p> <p>V. Role play consequences of behavior</p> <p>W. Teach alternative behaviors</p> <p>X. Contract for appropriate behavior</p> <p>Y. Teach social skills-Direct instructions in prosocial behaviors</p> <p>Z. Set up and reinforce social interaction</p> <p>AA. Praise behaviorally appropriate students</p> <p>BB. Work completion contracts</p> <p>CC. Use timer for self-monitoring of on-task behavior</p> <p>DD. Direct overactivity into productive tasks within or outside the classroom (errands, performance tasks)</p> <p>EE. Frequent verbal reinforcement for appropriate behavior</p> <p>FF. Help student to use language (communication system) to label and communicate feelings)</p> <p>GG. Permit student to remain in a quiet, non-threatening, non-stimulating place in order to regain control when upset (a safe area)</p> <p>HH. Permit student to engage in physical activities</p> <p>II. Other: _____</p> <p>JJ. Other: _____</p>	<p>*** Consequences should be determined based upon the functioning level of the student and the severity of behaviors exhibited.</p> <ol style="list-style-type: none"> 1. Review consequences behavior escalates 2. Signal nonverbal disapproval 3. Ask student to practice in appropriate response 4. Allow for peer pressure 5. Withhold earned activities/privileges 6. Response Cost Contracting 7. Offer student choice of changing behavior or going to cooling off area 8. Teacher-initiated cooling off period 9. Physical escort 10. Principal/student conference 11. Administrative behavior contract 12. Use conflict management and mediation steps 13. Referral to Counselor for Anger Control/Replacement Training 14. After school detention 15. Lunch detention 16. In-School Suspension for <u>specific</u> period 17. In-School Suspension for <u>up to 3</u> days 18. Call parent and send student home for the remainder of the day 19. In-School Suspension up to 10 school days w/o ARD 20. Suspension for up to 3 consecutive days w/o ARD 21. Placement for student in AEP for up to 10 school days w/o ARD 22. Other: _____ 23. Other: _____

7/98

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Behavior Intervention Plan

PLEASE PRINT

Ramirez	John	H	454914620	6-28-04
STUDENT LAST NAME	FIRST	MI	SS NUMBER	DOB

Please list below each behavior, reinforcement, consequence, person responsible for administering the name and date to be reviewed. Appropriate interventions might arise from assessment data, discipline history, social history, or parental reports.

(Indicate intervention strategies by code)

Specific Behavior	Description of Means for Rewarding Desirable Behavior	Description of Consequences for Undesirable Behavior	Person Responsible Date to be Reviewed
1) Improve school attendance	- Verbal praise - Set well-defined limits - isolate student in another part of class - preferential seating	- Verbal warning - call / conference w/ parent - loss of privileges in class - office referral - detention	student parent School staff
2) refrain from verbal + physical aggression (fighting)	- call / conference w/ parent - earn privileges / activities in class + at home	- offer choices - detention - ISS - Suspension	
3) Comply w/ directions from authority figures	- attend tutorials before + after school to complete assignments + make-up absences - do community services	- AEP - file truancy charges - contact truant officer	
	- Complete attendance tracker - suggest parent contact		

John's doctor to see.

if medication for ADD would be helpful.

7/98

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SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE MEMBERS	SP. ED.	POSITION	AGREE	DISAGREE
<i>Did not attend</i>		Parent(s)/Adult Student		
<i>John Medici</i>		Administration	✓	
<i>Paul Fenwick</i>		Instruction	✓	
		Instruction/Speech		
<i>P. Worsley</i>		Assessment ¹	✓	
OTHER PARTICIPANTS				
		Representative of LPAC ²		
<i>Karen Boyd</i>	✓	Consultant/Chairperson	✓	
		Vocational		
		Visual/Auditory		
		Counselor		
<i>C. Villanueva</i>	✓	VAC	✓	
<i>John Smith</i>		Student		✓

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on

_____ at _____
Date Place and Time

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to

Parents by *P. Worsley* on *11-13-01*
If you have questions regarding these safeguards, please feel free to call 994-3500.

¹Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

²LPAC representative is required at the ARD of any student who is limited English proficient.

³Include documentation concerning the reconvened ARD committee meeting.

ARD/IEP SPECIAL REVIEW

Purpose of ARD:	
Course Change	<input checked="" type="checkbox"/>
EYS (Only)	<input type="checkbox"/>
Failure	<input type="checkbox"/>
PLC	<input type="checkbox"/>

Date of ARD Notification 11/3/09
Date of Meeting 11/28/09

Handicapping Condition (1) LD (2) ON Grade 10 School 1400th H.S. # 004

The ARD committee is meeting to modify the ARD committee report dated 1/21/00, and assures that the deliberations of that meeting have been reviewed.

REASON FOR MEETING: Disruptive Student Schedule

Signature of interpreter if used: _____

ASSESSMENT REPORT(S) FOR RELATED SERVICES: _____

DEVELOPMENT OF THE IEP

- ☒ Present competencies are unchanged.
☐ Present competencies have changed as follows:

The ARD committee recommends that the student's IEP should remain unchanged except for the following:

DROP				ADD				NEW SCHEDULE			
COURSE/SERVICE	REG.	TIME*	SP. ED.	COURSE/SERVICE	REG.	TIME*	SP. ED.	COURSE	REG.	TIME	SP. ED.
KYBWP	90	✓		VAC			90	Eng. 2	90	✓	
IPC	90	✓						Eng. 3	90	✓	
								PIEP	90	✓	
								Alg. 2	90	✓	
								US Hist.	90	✓	
TOTAL COURSE	180	✓		TOTAL COURSE			90	VAC			90
								TOTAL	340	✓	90

* Indicate week'y or other contact time for related/other services

- * Indicate week*ly or other contact time for related/other services

- ☒ New IEPs have been developed for the courses/services added above (attached).
☒ New modifications have been developed for the courses added above (attached).
☐ A Behavior Management Plan has been developed (attached).

* Other ARD committee recommendations: _____

* Address time changes in speech and related services here.

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Student

John Ramirez

ID #

454-71-3620

The ARD committee has determined that the student's placement will be:

School

Moody H.S.

Instructional Arrangement

03-Resource Room

☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBS☒ Mathematics☒ Writing☒ Reading

Take

Exempt

Modifications

☐ Use an interpreter☐ Allow oral responses☐ Administer individually

UPDATED TIME	POSITION	SPECIAL EDUCATION	SIGNATURE	AGREE	DISAGREE
Regular Education	Parent/Guardian/Surrogate				
Special Education	Parent/Adult Student				
	Administration		<u>John Medina</u>	<input checked="" type="checkbox"/>	
	Instruction		<u>C. Sanchez</u>	<input checked="" type="checkbox"/>	
	Instruction (SPEECH)		<u>Karen Boyd</u>	<input checked="" type="checkbox"/>	
OT	Consultant <u>(chairperson)</u>	<input checked="" type="checkbox"/>	<u>P. Worsley</u>	<input checked="" type="checkbox"/>	
PT	Assessment <u>▲</u>	<input checked="" type="checkbox"/>			
Counselor	Counselor				
Health	Related Services Rep.				
Auditory	Vocational Teacher <u>♦ VAE</u>	<input checked="" type="checkbox"/>	<u>C. Villanueva</u>	<input checked="" type="checkbox"/>	
Vision	Certified VH/AH Specialist <u>+</u>				
Music Th.	LPAC <u>★</u>				
O&M	<u>Student</u>		<u>John Ramirez</u>	<input checked="" type="checkbox"/>	
Special Education Transportation: <u>(✓)</u>	♦ Total time for speech and all related services + When student is identified as VH/AH	▲ When assessment data are considered ★ For limited English proficient students			

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____

Date

Place and Time

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to Parent by Pat Worsley on 11/13/08. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY

K. Boyd

UPDATED DATA

New School Placement	Previous IA Code <u>03</u>	New IA Code <u>03</u>	New Program Type
----------------------	----------------------------	-----------------------	------------------

Meeting Date: 6-16-10

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
 Corpus Christi, Texas

Last Assessment: 1-15-10

REEVALUATION BY ARD

Student: John Ramirez

☒ Three-year Reevaluation ☐ Special Request

ID: 454713620 School: Moody H.S. Grade: 10 Age: 16 D.O.B.: 6-29-84 Sex: M

Current disabilities: LD / OHI

A. Review of Existing Data

The chart below indicates the areas the ARD Committee has included in its review of existing assessment data and the committee's recommendations for the student's comprehensive assessment.

N = assessment is needed in this area

C = current data is satisfactory/no need to reassess

Sources of Data

• Language/Communication

Dates/Discussion

Recommendation

☐ N ☒ C

• Physical (Motor/Health)

☐ N ☒ C

• Emotional/Behavioral

☒ N ☐ C

• Intellectual/Adaptive Behavior

☐ N ☒ C

• Present Levels of Educational Performance

☐ N ☒ C

• Sociological

☐ N ☒ C

• Assistive Technology

☐ N ☒ C

• Additional Information

OFFICE USE ONLY:

Staff ID: _____

Date of Next 3 Year Review: _____

☐ No
☒ Yes

(additional assessment IS NOT needed.)
 (additional assessment IS needed.)

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B. Summary of Data to Determine Specific Disability and/or Services☐ No Additional Data Needed.

Upon review of current assessment data, the ARD Committee agrees that:

- ☐ The student manifests no disabling conditions and is not eligible to receive (*see below) special education and related services.
- ☐ The student manifests the following disabling condition(s): _____
- ☐ Yes ☐ No The student needs special education and related services which will be determined when the ARD/IEP Committee develops/reviews the IEP and makes recommendations for programming and placement. If NO, the student is not eligible to receive special education and related services. (Conduct a subsequent ARD to address dismissal from special education.)

The following section is to be completed if no additional data are required:

- ☐ Yes ☐ No The district has explained to the parent(s) the reasons for its determination that no additional data are needed to determine whether this student continues to be a student with a disability.
- ☐ Yes ☐ No The district has made the parent(s) aware of their right to request an assessment to determine whether this student continues to be a student with a disability.

X Additional Data Needed *

The ARD Committee has determined that additional data are needed to determine whether: A) this student has or continues to have a particular category of disability; B) the present levels of performance and educational needs of the student; and C) if applicable, the nature and scope of special education and related services needed.

Note:

- A student is not eligible for a new disability without formal assessment
- The parent must complete and sign a Consent for Assessment and must also receive a Notice of Assessment prior to starting the comprehensive assessment
- Requests for initial assessment for related services require the school to complete and submit to special education the customary packet of information required for consideration of services. Also, parents are required to provide a physician's prescription prior to services.

ASSURANCES

- ☒ YES ☐ NO The ARD Committee assures that the testing, evaluation materials, and procedures used for the purposes of evaluation were selected and administered so as not to be racially or culturally discriminatory.
- ☒ YES ☐ NO The ARD Committee assures that the tests and other evaluation materials have been validated for the specific purpose of which they were used.
- ☒ YES ☐ NO The ARD Committee assures that the tests and other evaluation materials were administered by trained personnel in conformance with the instructions provided by their producers.

* A FOLLOW-UP ARD MUST BE HELD UPON COMPLETION OF ASSESSMENT.

(* Conduct a subsequent ARD to address dismissal from special education.)

ru PS-2000

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SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE MEMBERS	SP. ED.	POSITION	AGREE	DISAGREE
<i>parent not in attendance</i>		Parent(s)/Adult Student		
<i>[Signature]</i>		Administration	✓	
<i>[Signature]</i>		Instruction	✓	
<i>[Signature]</i>	✓	Instruction/Speech	✓	
<i>[Signature]</i>	X	Assessment ¹	✓	
OTHER PARTICIPANTS				
		Representative of LPAC ²		
		Consultant/Chairperson		
		Vocational		
		Visual/Auditory		
		Counselor		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than ten (10) school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach a mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or to others, or if the student has committed an expellable offense. The committee will reconvene on _____.

Date _____ at _____ Place and Time

Information explaining why mutual agreement has not been reached must be noted in the ARD minutes. Participants may attach statements of agreement, disagreement, or clarification to the ARD minutes.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. AN EXPLANATION OF RIGHTS AND PROCEDURAL SAFEGUARDS OF A PARENT WITH A CHILD WITH DISABILITIES IN SCHOOL has been given to

parent by *[Signature]* on *11-2-00*.
If you have questions regarding these safeguards, please feel free to call 994-3500.

¹Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

²LPAC representative is required at the ARD of any student who is limited English proficient.

³Include documentation concerning the reconvened ARD committee meeting.

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas
Office of Special Education

Date Notified by Phone: 11-13-00Date Mailed/Sent: 11-22-00

**FOLLOW-UP NOTICE OF ARD COMMITTEE ACTION
WHEN PARENT DOES NOT ATTEND ARD/IEP MEETING**

Student: John Samirez 6-29-84
First Middle Last Date of Birth

We are sorry that you were unable to attend the Admission, Review, and Dismissal/Individual Educational Program (ARD/IEP) meeting on 11-16-00. At the meeting it was determined that the above-named student:

☒ Was eligible for special education services. Please read the enclosed ARD/IEP Committee report, which:

- ☐ Outlines the Individual Education Plan and describes the services the student will receive.
☒ Reviews current data to determine any need for additional assessment
☒ The ARD committee determined that additional assessment was not needed.
☐ The ARD committee determined that additional assessment is needed. Notice of Reevaluation and Consent for Reevaluation are being sent to you on _____ Please complete and return Consent for Reevaluation to _____

☐ Was not eligible for special education services. Please read the enclosed ARD/IEP Committee report, which indicates why the student was not eligible and the educational program the student will receive.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in their native language or other mode of communication each time the District proposes or refuses to initiate or change the identification, evaluation, or educational placement of a child or the provision of a free, appropriate public education (FAPE) to a child. A full explanation of all procedural safeguards is included with this form:

Date: _____ To: _____

As legal guardian, I have received and reviewed the ARD/IEP report and committee recommendations. The Explanation of Rights and Procedural Safeguards Of a Parent with a Child With Disabilities in School has been given to me and I understand its contents. I further understand that after the special education services have begun, the ARD committee determines change or termination of services.

☐ I agree with and grant consent for the proposed special education program.

☐ I agree with the review of current data to determine need for additional assessment.

☐ I do not agree and request that another ARD/IEP meeting be scheduled at a mutually agreeable time so that I may attend and participate.

☐ I understand that the above-named student is not eligible for special education services.

Parent/Guardian/Adult Student Signature _____

Date _____

Comments: _____

If you wish to have more information or if you have questions, please contact the following staff person:

Karen Boyd, Sp. Ed. Chairperson Phone: 854-3261

Please keep the original copy and return the copy of this form to:

Address: Moody H.S.1818 Trojan Dr. 78416

Attach the ARD document and the Explanation of Procedural Safeguards to this letter and send to the parent when the parent has attended the ARD.

Original: Parent

Copy: Eligibility folder

Copy: School

Copy: Psychological Services

Locked: ☐

Corpus Christi Independent School District
 Admission, Review and Dismissal (ARD) Meeting

☐ Initial ☐ 3-Year Review ☐ Dismissal and/or ☒ Annual and/or ☐ Failure ☐ Discipline
☐ Transfer ☒ Review ☐ End of Year Dismissal

Student ID: 454-71-3620 Meeting Date: 4/11/00
 Student's Name: JOHN H. RAMIREZ Instructional Arrangement: 03
 Date of Birth: 6/29/84 Sex: M Resource Room
 Home Campus: Moody High School Speech: 0
 Current Campus: Moody High School Grade: 11
 Parent's Name: GUADALUPE ALEJANDRO
 Parent's Address: 3801 CASTILLA CT. Home Phone: (512) 854-1481
CORPUS CHRISTI, TX 78415- Work Phone: (512) 853-8891 Ext. 0000

☐ *An Interpreter was used to assist in conducting the meeting. If yes, specify language: _____
☐ Parent/Adult student waives the 5 school days written notice of the ARD meeting and agrees to an earlier meeting.

Parent's Signature: GUADALUPE ALEJANDRO

1/15/98

I. *REVIEW OF ASSESSMENT DATA (check if applicable)

- ☒ Assessment Reports
☒ ARD Comprehensive Individual Assessment
☐ Other Assessments. Specify: _____

Date(s) of Report(s): _____

Assessment	Initial Date	Current Date	Needed	Complete By	Active
None			<input type="checkbox"/>		<input type="checkbox"/>

☒ Vocational Assessment Date(s) or Report(s): 9/24/97

- ☐ Current CIA, other assessments, and associated eligibility reports have been given to the parents.
☒ Information from the student's Individual Transition Plan (attach supplement dated: _____)
☐ Records from other school district.
☒ Information from parents/student.
☐ Information from school personnel.
☐ Information/Records from other agencies/professionals.
☒ Information from Language Proficiency Assessment Committee.
☐ Additional assessment is needed. Refer to the related service assessments table above for specific assessments and associated timelines.

A comprehensive individual assessment must be completed by: 1/15/2001
☒ Yes ☐ No The IEP previously developed was reviewed.

☐ Yes ☐ No ☒ Not In Attendance Parent/Guardian agrees with all entries in Section I.

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

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II. *DETERMINATION OF ELIGIBILITY (check if applicable):

Based on the assessment data reviewed, the committee has determined that the student:

- ☐ does not meet specific TEA and Federal eligibility criteria to receive special education services.
- ☒ meets specific TEA and Federal eligibility criteria to receive the following special education services for the following conditions:

Condition 1: <u>Learning Disabled</u>	Condition 4: <u>None</u>
Condition 2: <u>Other Health Impaired</u>	Condition 5: <u>None</u>
Condition 3: <u>None</u>	

Complete the following section for transfer students only:

- ☐ The parent or parents verify that the student was receiving special education services in _____ . Verification from the former district ☐ by telephone reported by _____ , or ☐ type of document _____ and date _____ received _____ .

The instructional arrangement and related service provided in the previous district were as follows:

Eligibility is temporary contingent upon receipt of valid assessment data or collection of new assessment data. A second ARD will be held within 30 school days to develop an IEP based on assessment data available at that time.

☐ Yes ☐ No ☒ Not In Attendance Parent/Guardian agrees with all entries in Section II.

III. COMPETENCIES: ☒ discussed below ☐ to be addressed at 30 day ARD/IEP

A. PHYSICAL, as it affects participation in:

*Instructional settings:

☒ normal vision (☐ with glasses) ☒ normal hearing ☒ good general health
and/or

*physical education

☒ Yes ☐ No Student is capable of receiving instruction in regular P.E. with no modifications. If no, see services to be provided.

Other Physical Competencies

Not Applicable

*This field was added 8/1/98. Refer to deliberation for additional competencies, if any prior to this date.

B. BEHAVIORAL, as it affects:

Educational placement/programming:

(Check the appropriate competencies)

- ☐ Interacts appropriately with peers
☐ Interacts appropriately with adults
☐ adjusts easily to new situations
☐ respects authority
☐ cooperative
☐ completes tasks

Other Behavior 1: Disruptive classroom behavior at times

Other Behavior 2: Can be argumentative with authority figures

Other Behavior 3:

4/11/00

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Admission, Review and Dismissal (ARD) Meeting**

3

JOHN H. RAMIREZ

C. *Discipline:

(Check the appropriate competencies)

- ☒ is mentally able to follow regular discipline rules
- ☒ is emotionally able to follow regular discipline rules; or ☐ refer to comments below
- ☐ Student's behavior impedes his/her learning or that of others (If 'X' complete function behavioral assessment, Behavior Intervention Plan/Behavioral IEP).
- ☒ able to follow classroom management plan
- ☒ Yes ☐ No The student is capable of following the Student Code of Conduct without modification. If NO, complete Special Discipline Procedures form.

Comments:

D. *Prevocational/Vocational (when appropriate)

- | | | |
|---|--|--|
| <input type="checkbox"/> not appropriate for this student | <input type="checkbox"/> has good attendance | <input checked="" type="checkbox"/> is able to work on time schedule |
| <input type="checkbox"/> keeps work area neat | <input type="checkbox"/> follows directions | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> has good social skills | <input type="checkbox"/> is reliable | <input type="checkbox"/> Other 2: _____ |
| <input type="checkbox"/> is mechanically inclined | <input type="checkbox"/> cares for materials | |
| <input type="checkbox"/> has a part-time job | <input type="checkbox"/> is responsible | |

E. * Academic/Developmental, including LEP student language competencies relevant to developing the IEP (grade or age levels alone are not acceptable):

- Area 1: draws conclusions
- Area 2: identify main idea
- Area 3: uses capitalization
- Area 4: describes setting
- Area 5: Adds, subtracts, multiplies, and divides whole numbers, decimals, and fractions
- Area 6: _____
- Area 7: _____

F. Assistive Technology needs were considered.

- ☒ A.T. devices and services not recommended
- ☐ A.T. addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services.

G. *Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Language Arts/English | <input type="checkbox"/> Science |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Social Studies |
| <input checked="" type="checkbox"/> Math | <input type="checkbox"/> Other: _____ |

H. Communication needs were considered. (Added 8/5/99)

- ☒ No additional communication services are recommended.
- ☐ Communication needs are addressed through one or more of the following: modifications, IEP goals and objectives, related services, supplementary aids and services. (Complete Communication Needs Supplement for students w/ AI.)

I. *The student's disability affects involvement or progress in the general curriculum or, for preschool, appropriate activities in the following ways: (Added 8/5/99)

John needs modifications and content mastery to be successful in general education classes.

- ☒ Individual Educational Plan (IEP) is attached. (Refer to Appendix A)
- ☐ Refer to the previous IEP as no changes are being made at this meeting.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not In Attendance	Parent/Guardian agrees with all entries in Section III.
------------------------------	-----------------------------	---	---

4/11/00

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**Corpus Christi Independent School District
IEP Transition Supplement
JOHN H. RAMIREZ**

ARD Meeting Date:

4/11/00

Locked ☐

Developed for students 18 years of age and above and other students for whom transition planning is appropriate.

The transition needs of this student were considered by the ARD Committee. Based upon the student's needs, taking into account his/her preferences and interests, needed services were identified as follows:

I. INSTRUCTION and RELATED SERVICES: For instructional objectives based upon ITP/Transition needs, see IEP goals and objectives.

Related Services: None

Other: _____

☐ None needed. Basis of determination: _____

II. COMMUNITY EXPERIENCE: The committee has determined that student instruction will be enhanced through community experiences. See ARD/IEP goals and objectives and ARD/IEP schedule page 4 of 8.

☒ None needed. Basis for determination:☒ Student is successfully integrated.☒ Student is able to transfer skills beyond the classroom.☐ Other: _____

III. EMPLOYMENT: The committee has determined that the student requires vocational instruction. See ARD/IEP schedule page 4 of 8.

Other: _____

☐ None needed. Basis of determination:☐ Student is successfully employed.☐ Student has demonstrated employability skills.☐ Student has the skills to access post-secondary training programs.☐ Other: _____

IV. ACQUISITION OF DAILY LIVING SKILLS AND OTHER POST-SECONDARY ADULT LIVING OBJECTIVES:

The committee has determined that the student will benefit from specific instruction in adult living skills. See IEP goals and objectives.

☒ None needed. Basis of determination:☒ Student has demonstrated independent living skills.☒ Student will need no support with post-secondary adult living skills.☐ Other: _____

ASSURANCE THAT STUDENT PREFERENCE AND INTEREST WAS CONSIDERED:

☐ Student participated in ITP draft.☒ Student attended ITP meeting.☐ Functional Vocational Assessment was done.☐ Level I:☐ Level II:☐ Level III:☐ Student interview☐ Vocational interest☐ Assessment☐ Parent interview☐ Vocational aptitude☒ Parent contact:☒ Letter☐ Phone

AGENCY	ATTENDED	OTHER PARTICIPATION
Texas Rehabilitation Commission (TRC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Mental Health/Mental Retardation (Tx. MHMR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Employment Commission (TEC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Commission for the Blind (TCB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Texas Department of Human Services (TDHS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Local Education Agency (LEA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brochure <input type="checkbox"/> Letter <input type="checkbox"/> Phone conference

Steps taken to ensure agency participation: ☐ Notices ☐ Phone Calls Other: _____

Notes: Educational agencies are not responsible for a student's attainment of post-secondary goals and the delivery of services that extend beyond his/her eligibility for public education.

If a participation agency fails to provide agreed upon transition services contained in the IEP, the public agency responsible for the student's education will initiate a meeting as soon as possible for the purpose of identifying alternative strategies to meet the transition objectives and, if necessary, revise the student's IEP.

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**Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting**

Date: 4/11/00

JOHN H. RAMIREZ

IV. DETERMINATION OF SERVICES TO BE PROVIDED

Resource Room

A. Justification Indicates that the identified placement is in the least restrictive environment and is based on the needs of the student. Alternative placement was discussed.

Year: 1999-00 Semester: bothTotal Day: 480Inst Time: 330Start Time: 8:00 End Time: 16:00

SpEd=Special Education; Reg=Regular Education; Rel=Related Services; IA=Instructional Arrangement

Student's placement this year will be at: Moody High School

Other Setting All Qtrs

Subject (Option)	Qtr/ Sem	*Service Provider	*Grade Assigned	Min. Reg.	Min. SpE	Class Modifications Select Up to 10
English 1	S	RE	RE	90	0	
				1 time(s) /day		
PE	S	RE	RE	90	0	
				1 time(s) /day		
Content Mastery	B	SE	SE	30	30	
				1 time(s) /wk		
Non-Instruct Time	B	RE	RE	55	0	
				1 time(s) /day		
World Geog	F	RE	RE	90	0	
				1 time(s) /day		
Health/Speech	F	RE	RE	90	0	
				1 time(s) /day		
Biology I w/EOC exam	F	RE	RE	90	0	
				1 time(s) /day		
Spanish 1	F	RE	RE	90	0	
				1 time(s) /day		
Geometry	S	RE	RE	90	0	
				1 time(s) /day		
CC	S	RE	RE	90	0	
				1 time(s) /day		

Min. Reg. are provided in the regular classroom. Min. SpEd. and/or Min Related Service are provide outside the regular classroom. Special locations for providing services are described as part of the subject, in the Related Service Other column, or in the deliberations.

** Modifications: (*denotes assistive technology)

- | | | | |
|-------------------------------|------------------------------|------------------------------|---|
| 1. Change pace of instruction | 9. Extended time assignments | 17. Interpreter for the deaf | 25. Special instruction/adaptive equipment |
| 2. Oral tests | 10. Shortened assignments | 18. Frequent breaks | 26. Change in TEKS. |
| 3. Short answer tests | 11. Assignment notebooks* | 19. Defined physical space | 27. Change in project, report requirements. |
| 4. Modified tests/texts | 12. Study aids/manipulatives | 20. Cooling-off period | 28. Change in tool, equipment/
machinery used in classroom |
| 5. Taped texts* | 13. Repeated review | 21. Concrete reinforcers | 29. Check for understanding |
| 6. Highlighted texts* | 14. Reduce written task | 22. Positive reinforcers | 30. Other 1: _____ |
| 7. Taping lectures* | 15. Calculator* | 23. Behavior management plan | 31. Other 2: _____ |
| 8. Note taking assistance* | 16. Preferential seating | 24. Oral directives | 32. Other 3: _____ |

Additional modifications are listed in the deliberations.

Modifications needed to assure success in regular, remedial, and supportive programs, including eligibility for participation in extracurricular activities, are specified on the Individual Educational Plan.

Parents will be notified of progress by:
-Regular report card

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

4 cont.

Date: 4/11/00

JOHN H. RAMIREZ

Related Service	Provider	Min	Freq/ Period	Other	Qtr/ Sem
None			time(s) per		

COORDINATION BETWEEN REGULAR AND
SPECIAL EDUCATIONThis person is responsible for monitoring the
student's performance in regular education:
Regular Education Teacher

Monitoring Frequency: Every 9 wks.

Monitoring Method: Report cards

Schedule for evaluating progress for participation
in extracurricular activities will be every:
☒ 3 week
 ☐ 6 weeks
 ☐ 9 weeks
 ☐ Other

In order to receive passing grades in all content areas of instruction and to participate in extracurricular activities, the expected mastery level as established by the district is 70% unless otherwise noted. Exceptions for this student, if any, are documented on the IEP.

Alternative (non-TAAS)
Assessments:
NA

*Criterion referenced assessment (TAAS)

	Mathematics	Writing	Reading	Science	Social Studies	
Will Take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> not offered for this student's grade placement
Will Not Take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alt. Assess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NA/Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**TAAS Test Modifications as defined in
test administration materials.

0	0	0	0
0	0		

**Refer to the attached Test Modifications
for a description of each modification.
☐ Yes
 ☐ No
 ☒ Not in Attendance
 Parent/Guardian agrees with all entries in Section IV.

4/11/00

Corpus Christi Independent School District
 Admission, Review and Dismissal (ARD) Meeting
 JOHN H. RAMIREZ

4b

Date: 4/11/00

IV. DETERMINATION OF SERVICES TO BE PROVIDED Resource Room

A Justification Indicates that the identified placement is in the least restrictive environment and is based on the needs of the student. Alternative placement was discussed.

Year: 2000-1 Semester: fall
 Start Time: 8:00 End Time: 18:00

Total Day: 480 Inst Time 330

SpEd=Special Education; Reg=Regular Education; Rel=Related Services; IA=Instructional Arrangement

Student's placement next year will be at: Moody High School Other Setting All Qtrs:

Qtr	Reg	Rel	SpEd	IA
1	409	0	6	03
2	409	0	6	03
3	409	0	6	03
4	409	0	6	03

Subject (Option)	Qtr/ Sem	*Service Provider	*Grade Assigned	Min. Reg. Freq/Period	Min. SpE	Class Modifications Select Up to 10				
Content Mastery	B	SE	SE	-30	30					
				1 time(s) / wk						
Non-instruct Time	B	RE	RE	55	0					
				1 time(s) / day						
English 2	F	RE	RE	90	0	04	09	10	13	20
				1 time(s) / day		29	30			
IPC	F	RE	RE	90	0	04	09	10	13	22
				1 time(s) / day		29	30			
Algebra 2	F	RE	RE	90	0	04	09	10	13	22
				1 time(s) / day		29	30			
PLFP	B	RE	RE	90	0	30	22	09		
				1 time(s) / day						
Eng. 3	S	RE	RE	90	0	30	29	22	04	13
				1 time(s) / day						
US History	S	RE	RE	90	0	30	29	22	04	13
				1 time(s) / day						
Health/CYBWP	S	RE	RE	90	0	30	09	04	22	29
				1 time(s) / day						

Min. Reg. are provided in the regular classroom. Min. SpEd. and/or Min Related Service are provide outside the regular classroom. Special locations for providing services are described as part of the subject, in the Related Service Other column, or in the deliberations.

** Modifications: (*denotes assistive technology)

- | | | | |
|-------------------------------|------------------------------|------------------------------|---|
| 1. Change pace of instruction | 9. Extended time assignments | 17. Interpreter for the deaf | 25. Special instruction/adaptive equipment |
| 2. Oral tests | 10. Shortened assignments | 18. Frequent breaks | 26. Change in TEKS. |
| 3. Short answer tests | 11. Assignment notebooks* | 19. Defined physical space | 27. Change in project. report requirements |
| 4. Modified tests/texts | 12. Study aids/manipulatives | 20. Cooling-off period | 28. Change in tool, equipment/
machinery used in classroom |
| 5. Taped texts* | 13. Repeated review | 21. Concrete reinforcers | 29. Check for understanding |
| 6. Highlighted texts* | 14. Reduce written task | 22. Positive reinforcers | 30. Other 1: Content Mastery |
| 7. Taping lectures* | 15. Calculator* | 23. Behavior management plan | 31. Other 2: |
| 8. Note taking assistance* | 16. Preferential seating | 24. Oral directives | 32. Other 3: |

Additional modifications are listed in the deliberations.

Modifications needed to assure success in regular, remedial, and supportive programs, including eligibility for participation in extracurricular activities, are specified on the Individual Educational Plan.

Parents will be notified of progress by:
 -Regular report card

Corpus Christi Independent School District
 Admission, Review and Dismissal (ARD) Meeting

4b cont.

Date: 4/11/00

JOHN H. RAMIREZ

Related Service	Provider	Min	Freq/ Period	Other	Qtr/ Sem
			time(s) per		

COORDINATION BETWEEN REGULAR AND
 SPECIAL EDUCATION

This person is responsible for monitoring the
 student's performance in regular education:
 Regular Education Teacher

Monitoring Frequency: 8 wks.

Monitoring Method: Report cards

Schedule for evaluating progress for
 participation in extracurricular activities will be

☒ 3 weeks ☐ 6 weeks ☐ 9 weeks
☐ Other

In order to receive passing grades in all content areas
 of instruction and to participate in extracurricular
 activities, the expected mastery level as established by
 the district is 70% unless otherwise noted. Exceptions
 for this student, if any, are documented on the IEP

Alternative (non-TAAS)
 Assessments:

*Criterion referenced assessment (TAAS)

	Mathematics	Writing	Reading	Science	Social Studies	<input type="checkbox"/> not offered for this student's grade placement
Will Take	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will Not Take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Assess.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NA/Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not in Attendance						Parent/Guardian agrees with all entries in Section IV.

**TAAS Test Modifications as defined in
 test administration materials.

**Refer to the attached Test Modifications
 for a description of each modification.

Corpus Christi Independent School District
 Admission, Review and Dismissal (ARD) Meeting

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JOHN H. RAMIREZ

V. DETERMINATION OF PLACEMENT

Placement alternatives provided, tried, or considered (p, t, c), including services in regular and compensatory education, for which the student is eligible and additional services needed) are identified below. Consideration of the vocational training needs for students at or before entry into high school was discussed. (Modified 2/10/96)

<input type="checkbox"/> Regular education only	<input type="checkbox"/> Compensatory education
<input type="checkbox"/> Regular education with modifications in pacing, methods, or materials	<input type="checkbox"/> Alternative school
<input type="checkbox"/> Regular education with support services	<input type="checkbox"/> Regular vocational education
<input type="checkbox"/> Self-contained class (special education)	<input type="checkbox"/> Regional Day School for the Deaf
<input type="checkbox"/> Resource classroom (special education)	<input type="checkbox"/> Homebound
<input type="checkbox"/> Discipline center	<input type="checkbox"/> Speech therapy
<input type="checkbox"/> Related services:	<input type="checkbox"/> Hospital class
<input type="checkbox"/> Home-based instruction	<input type="checkbox"/> Classroom (VAC)
<input type="checkbox"/> On the job training (VAC)	<input type="checkbox"/> Home Campus
<input type="checkbox"/> Bilingual education/ESL	<input type="checkbox"/> Other: Content Mastery

Results Passed all classes first semester except health.	If efforts are not successful, provide reason(s): Excessive absences, incomplete assignments.
--	---

☐ Yes ☐ No ☒ N/A Parents of students who meet eligibility criteria for visual or auditory impairments or deaf/blindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or Texas School for the Deaf, including eligibility and admissions requirements and the rights of student's related to admission.

Date(s) informed: School for Blind: _____

School for Deaf: _____

The committee determined that the student's placement will be at:

Current Year:

Moody High School

Resource Room

Name of Current Instructional Arrangement

☒ Yes ☐ No

This is the campus which the student would attend if not in special education.

If no, name the student's home campus: _____

☒ Yes ☐ No

This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin:

8/10/99

Anticipated duration of services:

05/00

Next Year:

Moody High School

Resource Room

Name of Next Year's Instructional Arrangement

☒ Yes ☐ No

This is the campus which the student would attend if not in special education.

If no, name the student's home campus: _____

☒ Yes ☐ No

This is the campus that is as close as possible to the student's home which provides the services the ARD committee has deemed necessary.

Date services are to begin:

8/10/00

Anticipated duration of services:

05/01

☒ Yes ☐ No ☐ Not in Attendance

Parent/Guardian agrees with all entries in Section V.

VI. EXTENDED YEAR SERVICES (EYS)

☐ Yes ☒ No

Documentation has been submitted and the student is in need of EYS. If yes, attach the EYS SUPPLEMENT, IEP's for EYS and documentation of need.

Services to be provided:

Subject

Amount of Time

Related Services

Transportation:

☐ Yes

☒ No

☒ Yes ☐ No ☐ Not in Attendance

Parent/Guardian agrees with all entries in Section VI.

VII. GRADUATION (High School Student Only):

The student is expected to graduate in:

2002

☐ Yes ☒ No

Graduation Supplement with Transition Statement is attached.

☒ Yes ☐ No ☐ Not in Attendance

Parent/Guardian agrees with all entries in Section VII.

4/11/00

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

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VIII. LEAST RESTRICTIVE ENVIRONMENT SUPPLEMENT

- A. Evidence that removal of students with disabilities from the regular educational environment occurs only when the nature and severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily based on the following:

Dates		Dates	
1/21/00	Information from district staff		Psychological data
1/21/00	Information from parents		Medical data
1/15/98	Assessment data		Other 1: _____
	Achievement data		Other 2: _____

Supplementary aides and services previously provided to the student include:

- | | |
|--|--|
| <input type="checkbox"/> Title I/Compensatory education | <input type="checkbox"/> Adaptive equipment |
| <input checked="" type="checkbox"/> School health Services | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Bilingual classes | <input checked="" type="checkbox"/> Modifications in regular education |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Speech Modeling |
| <input checked="" type="checkbox"/> Tutorials | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Other 2: _____ |

- B. In selecting the least restrictive environment, the following considerations were given to any potential harmful effects on the student or the quality of services he or she needs.

- | | |
|--|---|
| <input type="checkbox"/> Increased student frustration/stress | <input type="checkbox"/> Increased mobility problems in a large school setting |
| <input type="checkbox"/> decreased student self esteem/worth | <input type="checkbox"/> Increased safety concerns caused by physical aspects |
| <input type="checkbox"/> Increased difficulty with distractions of regular environment | <input type="checkbox"/> Increased safety concerns caused by student adaptive equipment |
| <input checked="" type="checkbox"/> large student/teacher ratio vs. increased need for attention | <input type="checkbox"/> lack of emotional control harmful to others |
| <input type="checkbox"/> excessive time required to master objectives | <input type="checkbox"/> lack of social skill causes harm |
| <input type="checkbox"/> Increased difficulty completing tasks | <input type="checkbox"/> wide difference in development levels causes isolation |
| <input type="checkbox"/> Increased difficulty controlling behavior | <input type="checkbox"/> lack of specialized setting required for related service |
| <input type="checkbox"/> other students distracted by related service | <input type="checkbox"/> Other: _____ |

- C. Opportunities for this student to participate in all nonacademic and extracurricular activities available to students without disabilities to the maximum extent appropriate for the individual student.

- | Nonacademic | Extracurricular |
|--|---|
| <input checked="" type="checkbox"/> lunch | <input checked="" type="checkbox"/> athletics |
| <input type="checkbox"/> recess | <input checked="" type="checkbox"/> clubs |
| <input checked="" type="checkbox"/> counseling services, including emergency | <input checked="" type="checkbox"/> band |
| <input checked="" type="checkbox"/> transportation | <input checked="" type="checkbox"/> choral groups |
| <input checked="" type="checkbox"/> health services | <input type="checkbox"/> not applicable |
| <input checked="" type="checkbox"/> recreational services | <input checked="" type="checkbox"/> other school sponsored activities |
| <input checked="" type="checkbox"/> assemblies | <input type="checkbox"/> others: _____ |
| <input type="checkbox"/> others: _____ | |

If any of the above items are NOT checked, document the ARD/IEP committee's decision to exclude this student from the opportunity to participate:

- D. ☒ Yes ☐ No This student is being educated with regular education students to the maximum extent appropriate to the needs of the student and is unable to benefit from education with regular education students to any greater extent.

4/11/00

Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting

6b

JOHN H. RAMIREZ

E. *Removal from General Education Campus

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

☐ Other:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not In Attendance	Parent/Guardian agrees with all entries in Section VIII.
------------------------------	-----------------------------	---	--

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Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting Deliberations

JOHN H. RAMIREZ

Additional Deliberations of the ARD Committee
Appendix B

Purpose: Annual ARD, review and update IEPs, develop IEPs for 2000-01, review and update ITP.

Discussion: Principal discussed John's excessive absences. John failed health and biology first semester because of excessive absences and incomplete assignments.

John will take all parts of the exit-level TAAS.

Recorder:

Recorder Title

4/11/00

Corpus Christi Independent School District
Admission, Review and Dismissal (ARD) Meeting
JOHN H. RAMIREZ

7

IX. ASSURANCES

The committee assures that special education placement:

- * Is as close as possible to the student's home.
- * for national origin minority group students or linguistically different students is not based on criteria which were developed solely on command of the English language

*Basis for assurances:

- ☐ adaptations in testing procedures
- ☒ review of parent/student information
- ☐ use of interpreter
- ☐ review of language assessment

- * Is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

*Basis for assurances:

- ☒ review of parent/student information
- ☐ review of sociological assessment

W.H. The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

W.H. The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF.

X. SIGNATURES OF COMMITTEE MEMBERS

Parent ☐ agrees ☐ not in attendance. with required entries in Sections I thru VIII of this document.
☒ disagrees

Note: Disagrees indicates that "No" was entered, or neither box was checked at the end of one or more of the sections

Signature	Position	Agree	Disagree
	Parent/Adult Student	<input type="checkbox"/>	<input type="checkbox"/>
<i>Manuel C. Gomez</i>	Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Carol Lemcke</i>	Instruction / <i>Veronica</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Patricia Boyd</i>	Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Speech Therapist	<input type="checkbox"/>	<input type="checkbox"/>
<i>John Ramirez</i>	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☒ This IEP has been developed by the members of the ARD committee by mutual agreement.

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on:

☐ The members of this ARD committee have not reached mutual agreement.

_____ at _____ at _____
Date Location Time

² Statements of the reason mutual agreement has not been reached may be attached.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form.

¹ Assessment personnel are required when interpretations of assessment data are being considered.

² Include documentation concerning the reconvened ARD.

9/7/99
Date of ARD Notification
9/14/99
Date of Meeting

ID# 454-71-3637

Moody H. 2 004

11/15/99

Review student schedule

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG).

2017-2018

☒ Present competencies are unchanged.

The AFD committee recommends that the student's IEP should remain unchanged except for the following:

										NEW SCHEDULE					
DROP		TIME*			ADD		TIME*			COURSE		TIME			
COURSE/SERVICE	REG.	MOD (M)		SP. ED.	COURSE/SERVICE	REG.	MOD (M)		SP. ED.		REG.	MOD (M)		SP. ED.	
Algebra II	90	✓	✓		Math	90	✓	✓		Algebra I / Math	90	✓			
Geometry	90	✓			Eng. I	90	✓			Health / Speech					
Science	90				PE	90				ICC	90	✓			
										Bio. / Eng. II	90	✓			
										Small Biz / PE	90	✓			
TOTAL COURSE	270	✓			TOTAL COURSE	270	✓								

*Indicate weekly or other contact time for related/other services

TOTAL	360	✓		
-------	-----	---	--	--

☐ New IEPs have been developed for the courses/services added above (attached).
☐ New modifications have been developed for the courses added above (attached).
☐ A Behavior Management Plan has been developed (attached).

*Other ABD committee recommendations:

✿ Address time changes in speech and related services here.

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NAME OF STUDENT John Ramirez

454-11-3620

SCHOOL YEAR 77-78

The IEP committee has determined that the following modifications are necessary for the student to succeed.

SPECIAL LANGUAGE PROGRAMS:
☐ Bilingual ☐ ESLREGULAR DISCIPLINE PLAN
☒ YES ☐ NO☐ NO MODIFICATIONS NEEDEDBEHAVIOR MANAGEMENT PLAN
☒ YES

With the use of the following modifications, this student should be expected to achieve a mastery level of 70% in all content areas in order to receive a passing grade and, thus, to participate in extracurricular activities.

Geometry
English
SUBJECTS

ADDRESS ACADEMIC STANDARDS:

Modifications of requisite skills and knowledge for academic performance standards

Exempt from Academic Standards/Essential Elements - grades based upon IEP progress

ALTER ASSIGNMENTS BY PROVIDING:

Reduced assignments

Taped assignments

Extra time for completing assignments

Opportunity to respond orally

Task analyses of assignments

Special projects in lieu of assignments

Other (see IEP for appropriate level of Academic Standard(s))

ADAPT INSTRUCTION BY PROVIDING:

Short instructions (1 or 2 steps)

Opportunity to repeat and explain instructions

Encouragement to verbalize steps needed to complete assignment/task

Opportunity to write instructions

Assignment notebooks

Visual aids (pictures, flash cards, etc.)

Auditory aids (tapes, tapes, etc.)

Instructional aids

Extra time for oral responses

Exams of reduced length

Oral exams

Open book exams

Study cart for independent work

Frequent feedback

Altered grade distribution (if District scoring guidelines are not appropriate)

Minimal auditory distractions

Opportunity for student to leave class for CMC assistance

Peer tutoring/paired working arrangement

Opportunity for student to dictate themes, information, answers on tape or to others

Other:

☐ Use repeated drill/review ☐ Use sign language ☐ Use various modalities ☐ Adjustments for misarticulations in responses

Special language programs are required for all students who are limited English proficient.

STENOGRAPHY
ENGLISH

Note: Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

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Student

John Ramirez

ID#

454-71-3620

The ARD committee has determined that the student's placement will be:

School

Moody H.S.

Instructional Arrangement

co-taught

☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBSNot offered for grade

☐ Mathematics
☐ Writing
☐ Reading

Take Exempt
☐ ☐
☐ ☐
☐ ☐

Modifications:
☐ use an interpreter
☐ allow oral response
☐ administer individually

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education <u>360</u>	Parent/Guardian/Surrogate				
Special education	Parent/Adult Student				
Related/Other Services:	Administration			<input checked="" type="checkbox"/>	
Speech	Instruction	<input checked="" type="checkbox"/>	<u>Allen Boyd</u>	<input checked="" type="checkbox"/>	
OT	Instruction (SPEECH)		<u>Guenda Koslos</u>	<input checked="" type="checkbox"/>	
PT	Consultant/Chairperson				
Counselor	Assessment <input checked="" type="checkbox"/>				
Health	Counselor				
Auditory	Related Services Rep.				
Vision	Vocational Teacher <input checked="" type="checkbox"/>				
Munic Th.	Certified V/H/AH Specialist <input checked="" type="checkbox"/>				
O&M	LPAC <input checked="" type="checkbox"/>				
Special Education Transportation: <u>(V)</u>	Student		<u>John Ramirez</u>	<input checked="" type="checkbox"/>	

☒ Total time for speech and all related services
 ☒ When assessment data are considered
 ☒ When vocational programs are considered
☒ When student is identified as V/H/AH
 ☒ For limited English proficient students

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ Date

Place and Time

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to _____ by _____ on _____

If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY

UPDATED DATA

New School Placement	Previous IA Code	New IA Code	New Program Type
----------------------	------------------	-------------	------------------

01-002-07-04

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Individualized Transition Plan

Student RAMIREZ, JOHN H I.D.# _____ Meeting Date 1/15/99
DOB 06-29-84 Projected Graduation Date 5/2008
S.S.# 434-71-3620 Disabilities LD/HH
School MOODY HIGH SCHOOL Parents Roseella Martinez
Annual Review Updates: _____

ADDRESS AREAS BELOW AS THEY RELATE TO DESIRED POSTGRADUATION OUTCOMES (Based on Student Expectations)
(Check as appropriate)

1. INTEGRATED EMPLOYMENT

- ☒ 1.1 Without support
☐ 1.2 With time limited support
☐ 1.3 With long term support
☐ 1.4 Supported employment (enclave or mobile work crew)
☐ 1.5 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on page 2.

2. INDEPENDENT LIVING

- ☒ 2.1 Independent living - no support
☐ 2.2 With family or relative
☐ 2.3 With roommate
☐ 2.4 Supervised living
☐ 2.5 Group home
☐ 2.6 ICF-MR facility
☐ 2.7 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on pages 2, 3.

3. RECREATION/LEISURE/COMMUNITY PARTICIPATION

- ☒ 3.1 Independent
☒ 3.2 Family supported
☐ 3.3 Specialized recreation for persons with disabilities
☐ 3.4 Community parks and recreation programs
☐ 3.5 Local clubs
☐ 3.6 Church groups
☐ 3.7 Day programs
☐ 3.8 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 3.

4. POST-SECONDARY EDUCATION/VOCATIONAL TRAINING

- ☐ 4.1 University
☐ 4.2 Community college
☐ 4.3 Proprietary (private) school
☐ 4.4 Trade/Technical school
☐ 4.5 Military
☐ 4.6 Continuing/Adult Education

4. POST-SECONDARY EDUCATION (Continued)

- ☐ 4.7 Apprenticeships
☐ 4.8 None
☒ 4.9 Other Employment (electrical)

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☒ YES ☐ NO

If yes, specify on page 3.

5. TRANSPORTATION

- ☒ 5.1 Independent
☐ 5.2 Public transportation
☐ 5.3 Specialized transportation
☐ 5.4 Family transports
☐ 5.5 Car pools
☐ 5.6 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

6. ADULT SERVICES

- ☐ 6.1 SSI
☐ 6.2 Public assistance (food stamps, AFDC, etc.)
☐ 6.3 Insurance/Medicaid
☐ 6.4 Assistive/Adaptive devices
☐ 6.5 OT/PT
☐ 6.6 Vision/Hearing/Speech
☐ 6.7 Medical supervision and scheduling
☐ 6.8 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

7. OTHER IMPORTANT LIFE CONSIDERATIONS

- ☐ 7.1 Guardianship
☐ 7.2 Family planning
☐ 7.3 Counseling/support services
☒ 7.4 Respite services
☒ 7.5 Voter registration
☒ 7.6 Selective Service registration
☐ 7.7 Other _____

ARE SERVICES REQUIRED TO ACHIEVE OUTCOME? ☐ YES ☒ NO

If yes, specify on page 4.

TP-2

Date _____

Results:

A - Accomplished

C - Continue

D - Discontinue

[illegible]

- ☐ Conduct additional vocational assessment
☒ Discuss vocational options available in high school programs
 (provide high school course catalogue)
 Provide names and number of key vocational service
 providers
 Texas Rehabilitation Commission
 Texas Employment Commission
 Nueces County Mental Health & Mental Retardation ...
 Other
 Contact vocation service providers for intake appointment
 Specify:

 Review school records and determine eligibility for agency
 services
 Implement job development, job matching, and job placement
 activities
☒ Provide academic instruction and supports necessary to meet
 employment outcome
 Specify: *modified general ed.*

☒ Provide regular vocational programs
 Specify: *IEC*

 Provide special education vocational training
 Provide support services necessary to maintain employment
 Specify:

 Other

Provide names and numbers of key residential service providers

Mental Health Mental Retardation

Corpus Christi State School

Independent living center

Other

Other

Other

Contact residential service providers for intake appointment

Specify:

Review school records and determine eligibility for residential services

ГТР-3

Date _____

ITP-4

Date _____

1/15/99

5. TRANSPORTATION

☒ Complete driver's education

☒ Obtain driver's license

☐ Apply for Care B transportation

☐ Train student to utilize public transportation systems

☐ Arrange transportation to and from work site

☐ Other _____

Discuss/provide phone number for SSI eligibility requirements

Apply for SSI benefits

Provide phone number for Department of Human Services assistance program

Other financial considerations

Apply for insurance/medicaid

Discuss/provide information regarding OT/PT needs

Assess student's need for assistive/adaptive devices

Provide assistive/adaptive devices according to assessed needs

Discuss/provide information regarding needs as related to vision, hearing, and speech

Provide training for self-medication or monitor administration of medication

Assist with scheduling of medical and dental appointments

Other medical/physical concerns

7/ OTHER IMPORTANT LIFE CONSIDERATIONS

☒ Discuss/provide information regarding:

☐ Guardianship

☐ Family planning

☐ Counseling/support services provided by various agencies

☐ Specify: _____

☒ Respite services

☒ Voter registration

☒ Selective Service registration

☐ Other _____

[illegible]

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT

STUDENT NAME: PAMIEFF, IOEN

TRANSITION PLANNING PARTICIPANTS

We, the undersigned, have provided input for the review/update of this ITP.	
Student Name: <u>Adam D. Bagan</u>	Teacher Name: <u>Les Bagan</u> Title: <u>Teacher</u>
Date: <u>1/15/99</u>	
Persons invited who did not attend:	
We, the undersigned, have provided input for the review/update of this ITP.	
Student Name: _____	Teacher Name: _____ Title: _____
Date: _____	
Persons invited who did not attend:	
We, the undersigned, have provided input for the review/update of this ITP.	
Student Name: _____	Teacher Name: _____ Title: _____
Date: _____	
Persons invited who did not attend:	
We, the undersigned, have provided input for the review/update of the ITP.	
Student Name: _____	Teacher Name: _____ Title: _____
Date: _____	
Persons invited who did not attend:	

If an agency that was invited to send a representative did not do so, what steps were taken to obtain the participation of the agency in the planning of transition services?

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All procedures and information in this document are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

() Admission
() Review
() Dismissal

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

ARD NOTIFICATION DATE

DATE OF MEETING

Please Print

RAMIREZ	JOHN	H	454-71-3620	M	F
STUDENT'S LAST NAME		FIRST	MI	SOCIAL SECURITY NO.	
06 / 29 / 84	MOODY HIGH SCHOOL		9/07/97	004	
DATE OF BIRTH		SCHOOL	GRADE/PROG	SCHOOL	

☐ Yes ☒ No An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: _____

A. REVIEW OF ASSESSMENT DATA and other information (check [✓] if applicable)

- ☒ Comprehensive individual assessment (dates of reports) 01-15-98
- ☐ Assessment(s) for related services. (Specify by title and by date.) _____
- ☒ Assistive technology addressed in psychological assessment report(s) dated 1/15/98 Recommended: ☐ yes ☒ no (ARD 4)
- ☐ Functional vocational evaluation report date _____
- ☐ Other assessment (Specify by title and by date.) _____
- ☒ Information from the student's Individual Transition Plan dated: 1/15/99
- ☐ Information from the Language Proficiency Assessment Committee dated: _____
- ☐ Records from other school districts (Specify) _____
- ☐ Information from parents/student (Specify) _____
- ☐ Information from school personnel (Specify) _____
- ☒ Information/records from other agencies or professionals (Specify) 10/24/95
- ☐ Student communication needs: (If student is deaf or hard of hearing, complete the ARD supplement *Communication Needs of Deaf or Hard of Hearing Students*.) _____
- ☐ Concerns of parent for enhancing the education of their child: _____
- ☐ Yes ☒ No Additional assessment is needed. Specify with time line for completion: _____
- ☐ Specify additional assessments needed: _____

B. DETERMINATION OF ELIGIBILITY (check [✓] if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> learning disability | <input type="checkbox"/> speech impairment | <input type="checkbox"/> emotionally disturbed |
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> autism | <input checked="" type="checkbox"/> other health impairment |
| <input type="checkbox"/> orthopedic impairment | <input type="checkbox"/> traumatic brain injury | <input type="checkbox"/> multiple disabilities |
| <input type="checkbox"/> visual impairment | <input type="checkbox"/> auditory impairment | <input type="checkbox"/> deaf-blind |

A student shall not be determined to be a student with a disability due to lack of instruction in reading or mathematics, or limited English proficiency.

C. DISABILITY/DISABILITIES

Assigned by ARD Committee LEARNING DISABLED / OTHER HEALTH IMPAIRMENT

(A disability should be noted here only if special education services are to be provided. See ARD-2)

7/98
ARD-1

Original - eligibility folder

Copy - counselor

Copy - teacher

Copy - parent copy

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☒ Yes ☐ No

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical education

Not limited

Medication/Health Care, as it affects participation in instructional settings and physical education

None at this time☒ Yes ☐ No

The student is capable of receiving instruction in the Texas Essential Knowledge and Skills (TEKS) of physical education through the general education program without modification. Comments:

☐ Yes ☒ No

Physical Education Modification Plan needed.

Academic/Developmental, as it affects participation in instructional settings (grade or age levels alone are not acceptable)

*4th Grade - Proficient in reading with no title, punctuation, multi-
line, period, question mark, exclamation point, comma, semicolon,
colon, apostrophe, hyphen, dash, underline, italics, bold, all caps,
all lowercase, proper nouns, capitalization, sentence structure,
punctuation, spelling, handwriting, math - +, -, x, = whole numbers*

Indicate how the disability affects the student's involvement and progress in the general curriculum or, for preschool children, how does the disability affect the student's participation in appropriate activities?

*Student needs modification and content mastery support
to be successful in general ed classroom*☐ Yes ☐ No

Does the student's behavior impede his or her learning or that of others? If yes, the ARD committee should develop/review/modify a functional behavioral assessment and a Behavior Intervention Plan.

☒ Yes ☐ No

The student is capable of following the Student Code of Conduct without modification. If no, the ARD Committee should develop/review/modify a functional behavioral assessment and a Behavior Intervention Plan.

☐ Yes ☒ No

Is student limited English proficient? If yes, what are the language needs of the student as such needs relate to the student's IEP?

The ARD Committee agrees that the student

☒ Needs and will receive special education services☐ Does not need and will not receive special education services for the following reasons:

INSERT IEP SHEETS AFTER THIS PAGE

7/98
ARD-2

INDICATE NUMBER OF PAGES OF EACH IEP: R ___ Sp ___ Voc ___ OT ___ PT ___ VS ___ MT ___ OM ___ HS ___ Other ___

7/98
ARD-3

SUBJECTS

SCHOOL YEAR 99 - 2000

ADAPT MATERIALS BY PROVIDING:

MANAGE BEHAVIOR BY PROVIDING:

ASSISTIVE TECHNOLOGY DEVICES OR SERVICES:

☐ allow oral response ☐ use interpreter ☐ use braille or large print ☐ individual administration

Note: Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.